Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I		t Identification Information				
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	_		2/31/2016	
A This ret	urn/report is for:	a single-employer plan	ist of participating er	lan (not multiemployer) (nployer information in ac	-	
71	u.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a one-participant plan	a foreign plan	, ,,,		,
B This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)	
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program	l
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	formation—enter all requested in	formation			
1a Name					1b Three-digit	
		1(K) PROFIT SHARING			plan numbe	er 001
					1c Effective da	ite of plan
2a Plan sr	nonsor's name (emn	loyer, if for a single-employer plan)				01/01/1999 lentification Number
Mailing	address (include ro	om, apt., suite no. and street, or P.0		ruotiona)		1-1075222
	TRACTING, INC.	nce, country, and ZIP or foreign pos	tai code (ii foreigii, see iiisi	iuctions)		elephone number -757-2373
45000 10011	WILLOON BOAR				2d Business co	ode (see instructions)
	WILSON ROAD N, WA 98233				2	238900
33. Plan or	dministrator's name	and address X Same as Plan Spo	noor		3b Administrate	or'o EINI
Ja Flall at	ummstrator s name	and address A Same as Flan Spo	11501.		SD Administrate	JI S EIIN
					3c Administrate	or's telephone number
		he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name, a Sponso		umber from the last return/report.			4c PN	
		ts at the beginning of the plan year.			5a	30
_		ts at the end of the plan year			5b	34
		h account balances as of the end of	. , , ,	•	5c	24
•	,	participants at the beginning of the p			5d(1)	22
		participants at the end of the plan ye			5d(2)	29
		at terminated employment during the			5e	C
		e or incomplete filing of this retur				
		other penalties set forth in the instru				
	true, correct, and co	and signed by an enrolled actuary,	as well as the electronic ve	ision of this return/repor	i, and to the best c	i my knowiedge and
SIGN		d/valid electronic signature.	06/28/2017	MICHELLE HURTEAU	J	
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plar	administrator
SIGN HERE						
		loyer/plan sponsor	Date			oloyer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (i	nclude room or suite numb	er)	Preparer's teleph	ione number
					1	
					1	

Form 5500-SF 2016 Page **2**

b Any you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 FT 250:1044-87 (See instructions on waiver eligibility and conditions). If you answered "No" to either line 6 as or line 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500. It is to plan to a defined benefit plan, is t covered under the PBGC insurance program (see ERISA section 4021)"		Were all of the plan's assets during the plan year invested in eligib		'						X Yes N	lo
H you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C if the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b									X Yes N	ю
Part III Financial Information (a) Beginning of Year (b) End of Year 2066007 7 Plan Assets and Liabilities 7a 1713746 2066007 5 Total plan liabilities 7b 7c 1713746 2066007 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 9 Contributions received or receivable from: (b) End of Year (a) Amount (b) Total 9 Contributions received or receivable from: (c) Employees 8a(d) 76187 9 Contributions received or receivable from: (b) End of Year (a) Amount (b) Total 9 Contributions received or receivable from: (c) Employees 8a(d) 46563 9 Contributions received or receivable from: (c) Employees 8a(d) 46563 9 Contributions received or receivable from: (c) Employees 8a(d) 46563 9 Contributions received or receivable from: (c) Employees 8a(d) 46563 9 Contributions received or receivable from: (c) Employees 8a(d) 46563 9 Contributions (ease) 8a(d) 46563 46563 9 Contributions (ease) 8a(d) 46563		`		,							
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No No	Not determined	d
a Total plan assets	Pa	rt III Financial Information									
B Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End of Yo	ear	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	1	713746				2	066007	
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 75187 (2) Participants. 8a(2) 148553 (3) Others (including rollovers). 8a(3) 8b 141515 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	b	Total plan liabilities	7b								
a Contributions received or receivable from: (i) Employers. (ii) Employers. (iii) Employers. (iiii) Employers. (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	C	Net plan assets (subtract line 7b from line 7a)	7c	1	713746				2	066007	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) Total		
(2) Participants	а		90(1)		75187						
(3) Others (including rollovers)					146553						
b Other income (loss)		•									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,			141515						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)										363255	_
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions)			00								
f Administrative service providers (salaries, fees, commissions)			8d		10795						
## Administrative service provides (satarles, rees, commissions)	e	Certain deemed and/or corrective distributions (see instructions).	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		199						
Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g								
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							352261	_
Sa	j	Transfers to (from) the plan (see instructions)	8j								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Pa	t IV Plan Characteristics									
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in	the instruction	ons:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instructior	ns:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	_	.,,									
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								21/2			
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			ا ما عاد د د ما د اعد	a tha tiasa na sia d		Yes	No	N/A	Ar	nount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	a	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	iduciary Correction	100		X				
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions			X				
by fraud or dishonesty?						X				2000)00
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	d	·	•	·	10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under			X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f	_	X				
2520.101-3.)	9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)			X				
	h	·	•		10h		X				
	i	·			10i						

Form	5500	-SF	201	6

Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					\	∕es X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						res X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets		1				
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		r the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	of trust			14b ⁻	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L ;		n-based narbor	d [Prior ye test	ear" ADP
				Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	1	Ratio perce test	entage		verage enefit test	□ N/A
	for the	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	''	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110 1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part		t Identification Information							
For calend	lar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2				
A This re	turn/report is for:	a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) (nployer information in ac					
		a one-participant plan	a foreign plan	a foreign plan					
B This ret	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
	ê.	special extension (enter desci	* 54.5						
Part II	Basic Plan Inf	ormation—enter all requested in	formation		-				
1a Name	· ·				1b Three-digit				
TRICO C	ontracting,	Inc. 401(k) Profit Sha	aring		plan number (PN) ▶	001			
					1c Effective dat	e of plan			
2a Plan s	ponsor's name (emp	oyer, if for a single-employer plan)				entification Number			
Mailin	g address (include ro	om, apt., suite no. and street, or P.C			(EIN) 91-				
	and the state of t	ice, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)	2c Sponsor's te	lephone number			
IRICO C	ontracting,	inc.			(360)75				
						de (see instructions)			
15066 J	osh Wilson Ro	oad			238900				
Burling	ton		WA	98233					
3a Plan a	dministrator's name a	and address 🏿 Same as Plan Spor	nsor.	13	3b Administrato	's EIN			
					20 41				
					3C Administrato	r's telephone number			
4									
4 If the name	name and/or EIN of th , EIN, and the plan ni	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
	or's name				4c PN				
5a Total	number of participant	s at the beginning of the plan year			5a	30			
		s at the end of the plan year			5b	34			
C Numb comp	er of participants with lete this item)	account balances as of the end of	the plan year (only defined	contribution plans	5c	24			
d(1) Tota	al number of active p	articipants at the beginning of the pl	an year		5d(1)	22			
		articipants at the end of the plan yea			5d(2)	29			
e Numb	er of participants tha	t terminated employment during the	plan year with accrued be		5e	C			
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is established.				
SB or Sche	alties of perjury and c edule MB completed a true, correct; and con	ther penalties set forth in the instruc- and signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic ver	examined this return/re rsion of this return/repor	port, including, if ap t, and to the best of	plicable, a Schedule my knowledge and			
SIGN	VIII MIX	piete.	6/23/17	Michelle Hurt	eau .				
HERE	Signature of plan	administrator	Date	Enter name of individ		administrator			
SIGN	031				aa, e.g.m.g ae plan				
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing as empl	over or plan sponsor			
Preparer's		name, if applicable) and address (in		er)	Preparer's telepho				
	± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±			188		98-00 (See 1)			
9					30				
*									
	4			*					

Form	5500	-SF	201	6

_	_
Pag	9 2

6a	Were all of the plan's assets during the plan year invested in eligib	ole assets? ((See instructions.)					X Yes No
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	and condition	ons.)					
	If the plan is a defined benefit plan, is it covered under the PBGC in							
	t III Financial Information	-				-		
7	Plan Assets and Liabilities		(a) Beginning	of Year	-			(b) End of Year
а	Total plan assets	7a		713,	100 kg 65			2,066,007
	Total plan liabilities	7b						
Dr. 1500 F. 10	Net plan assets (subtract line 7b from line 7a)	7c	1,	713,	746			2,066,007
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour					(b) Total
	Contributions received or receivable from: (1) Employers	90(4)		75,	187			
	(2) Participants	8a(1) 8a(2)		146,		Aller I		
	(3) Others (including rollovers)	8a(3)		140,	333			
War and the	Other income (loss)	8b		141,	515			
5-00 3	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			141,	313	111111111111111111111111111111111111111	12.17	262.055
1000	Benefits paid (including direct rollovers and insurance premiums	8c			9			363,255
	to provide benefits)	8d		10,	795			
e	Certain deemed and/or corrective distributions (see instructions)	8e					Palki	
f.	Administrative service providers (salaries, fees, commissions)	8f			199			
g	Other expenses	8g				digital.		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1				10,994
i	Net income (loss) (subtract line 8h from line 8c)	8i				e. e.		352,261
j	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	es from the List of PI	an Cha	racteri	stic C	odes ir	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Char	acteris	tic Co	des in	the instructions:
Part	V Compliance Questions				- 3		9	
10	During the plan year:			14	Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fig	luciary Correction	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	Χ		veer!	200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bond	d, that was caused	10d	3 -	X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of th	by an insurance ne benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f	d.	X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-en	d.)	10g	serie.	Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	·····		10h		X		
: i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required i	notice or one of the	10i		A.		

Form	5500-	SF	2016	P

Page 3-		
i age o	1	

 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)					
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Control ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		edule SB	}		es X
ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins					
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	ode or sectio	n 302 of			es X
	tructions, an	d enter th	e date o	f the lette	r rulino
granting the waiver	onth	Day		Year	
		405			
b Enter the minimum required contribution for this plan year		12b			
C Enter the amount contributed by the employer to the plan for this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the length of the length of the length)		12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/.
Part VII Plan Terminations and Transfers of Assets	-				
13a Has a resolution to terminate the plan been adopted in any plan year?			Yes	X N	0
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	tht under the			Yes [x	No
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)) to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s
14a Name of trust		14b Tr	ust's Ell	N	
14c Name of trustee or custodian		444 =			
14C Name of trustee of custodian		ı		or custod number	ian's
	1	242			
Part IX IRS Compliance Questions				(5)	
	Yes			No	
15a Is the plan a 401(k) plan? If "No," skip b				"Drior ve	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section		n-based narbor			ar" Al
	Designation	narbor ent year"			ar" Al
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Designation Curror ADP	narbor ent year" test	Ave	test	
 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) 	Designer of the control of the contr	narbor ent year" test	Ave	test N/A rage	
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Designer of the state of the st	narbor ent year" test o entage	Ave ben	N/A rage efit test	
 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Designer safe in "Curror ADP" Ratio percentest Yes Opinion letter	narbor ent year" test o entage	Ave ben	rage efit test No , enter th	
 15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: 16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: 16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? 17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number 17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, en 	Designer of the control of the contr	narbor ent year" test o entage	Ave ben	rage efit test No , enter th	e date

Attachment to 2016 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan Name	TRICO	Contracting,	Inc.	401(k)	Profit	Sharing	EIN:	91-1075222
Plan Sponse	or's Nar	me TRICO Cor	itract	ing, Ir	nc.		PN:	001

Name of participating employer	EIN	Percent of Total Contributions
TRICO Companies, LLC	46-1346762	100.00
TRICO Contracting, Inc	91-1075222	0.00
V E *		
	1)	
	7:	
		(a)
	8	5
	× 1	
		
		
and the state of t		4.

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information						
For calenda	ar plan year 2016 or fis	scal plan year beginning		and ending				
A This ret	:urn/report is for:	a single-employer plan				ing this box must attach a ith the form instructions.)		
	a one-participant plan a foreign plan							
B This retu	urn/report is							
		an amended return/report a short plan year return/report (less than 12 months)						
C Check b	box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC pr	ogram		
Dawt II	Dania Blandata							
Part II		rmation—enter all requested inf	formation		41			
1a Name	of plan				1b Three plan r	number		
					. ,	tive date of plan		
Mailing	address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C			2b Emplo	byer Identification Number		
City or	town, state or province	e, country, and ZIP or foreign post	al code (if foreign, see instr	uctions)	2c Spon	sor's telephone number		
					2d Business code (see instructions)			
3a Plan ad	dministrator's name an	d address Same as Plan Spor	nsor.		3b Admir	nistrator's EIN		
		-			3c Admir	nistrator's telephone number		
		plan sponsor has changed since nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN			
a Sponso					4c PN	_		
_		at the beginning of the plan year			5a			
		at the end of the plan year account balances as of the end of			5b	_		
				·	5c			
d(1) Tota	al number of active par	ticipants at the beginning of the pl	an year		5d(1)			
` '	•	ticipants at the end of the plan year			5d(2)			
than '	100% vested	terminated employment during the			5e			
		or incomplete filing of this return						
SB or Sche		ner penalties set forth in the instructed signed by an enrolled actuary, a solete.						
SIGN								
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing a	s plan administrator		
SIGN								
HERE	Signature of employ		Date			as employer or plan sponsor		
Preparer's	name (including firm n	ame, if applicable) and address (ir	nclude room or suite numbe	r)	Preparer's	telephone number		

Form 5500-SF 2016	Page 2	
-------------------	---------------	--

	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of							Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
С	If the plan is a defined benefit plan, is it covered under the PBGC in							☐No ☐ Not determined
	rt III Financial Information	<u>'</u>			,		ı	
7	Plan Assets and Liabilities		(a) Beginning o	of Year				(b) End of Year
а	Total plan assets	7a						. ,
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t				(b) Total
а	Contributions received or receivable from:	90/1)						
	(1) Employers	8a(1) 8a(2)						
	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u>	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
-	Net income (loss) (subtract line 8h from line 8c)							
	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics		1 (11 11 (17)			0		
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:							
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Par	t V Compliance Questions						Ti-	T
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \		· ·					
	Program)		-	10a				
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b				
C	Was the plan covered by a fidelity bond?			10c				
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d				
e	Were any fees or commissions paid to any brokers, agents, or otl carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		L		
	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h				
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				

Form 5500-SF 2016	Page 3-

Part		Pension Funding Compliance					1		
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes	No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the C			n 302 of	;	lr	Yes	No
		4?es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						ı	
<u>а</u>		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver		ns, and	d enter t Day		of the le		ng
If	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1	,	ī			
b	Enter t	he minimum required contribution for this plan year			12b				
С	Enter t	he amount contributed by the employer to the plan for this plan year			12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ive amount)			12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	1	I/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	;	No	
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	No)
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident assets or liabilities were transferred. (See instructions.)	ify the	plan(s)) to				
1	13c(1) l	Name of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
Part	VIII	Trust Information							
14a 	Name	of trust			14b ⊺	Γrust's Ε	EIN		
14c	Name	of trustee or custodian				Trustee's telephor			
Par	t IX	IRS Compliance Questions							
15a	Is the	olan a 401(k) plan? If "No," skip b		Yes			No		
		id the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		safe h			erio fest	r year" <i>i</i>	ADP
				ADP t		"	N/A		
	year?	esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit tes	st	N/A
	for the	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the let								
	letter	olan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	e date	of the m	ost rece	ent dete	rminatio	n
18	Were	d Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sep e?		from	Yes	s [No		
19	Was a	ny plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Yes	s	No		

Attachment to 2016 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan Name TRICO Contracting, Inc. 401(k) Profit SharingEIN: 91-1075222Plan Sponsor's Name TRICO Contracting, Inc.PN: 001

		Percent			
Name of participating employer	EIN	of Total			
		Contributions			
TRICO Companies, LLC TRICO Contracting, Inc	46-1346762	100.00			
TRICO Contracting, Inc	91-1075222	0.00			